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ABSTRACT

Primary prevention addresses issues which are not yet identified as problematic for a specific population. Primary prevention programs typically: (1) are oriented toward a group, rather than an individual; (2) have a before-the-fact quality that implies the population is not maladjusted; and (3) offer programs with the intention of preventing maladaptation or improving psychological health. In mental health consultation, primary prevention can be used to assist individuals in developing their coping skills or to improve systems and institutions which impact the lives of individuals. Consultants have an opportunity to assist mental health agencies and schools with this transition to primary prevention. There are several approaches available to assist with these changes, including education and training, program changes, and changes in the structure of the delivery system. Consultants can assist with each of these approaches through individual or group interventions. Substantial barriers exist to effective primary prevention consultation. Nevertheless, consultants can address these barriers by taking extra precautions. For example, they can present ideas in a collaborative manner and set goals for primary prevention only with the assistance of the consultees. (Contains 11 references.) (JE)

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Running head: PRIMARY PREVENTION

The Use of Primary Prevention
in Mental Health Consultation

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Abstract

Primary prevention addresses issues which are not yet identified as a problem for a specific population. In mental health consultation, primary prevention can be used to assist individuals in developing their coping skills or to improve systems and institutions which impact the lives of individuals. This article will address appropriate targets of primary prevention consultation within the mental health system and identify types of interventions that may be appropriate. Potential barriers to effective consultation are discussed, with suggestions to reduce their negative impact on the consultation process.

The Use of Primary Prevention in Mental Health Consultation

Primary prevention in mental health addresses issues which are not yet identified as problems for the specific population. Primary prevention has been described as "group or mass targeting before-the-fact efforts to promote competence or prevent psychological dysfunction in essentially well people" (Gesten and Jason, 1987, p. 429). As such, primary prevention programs are designed to maintain healthy functioning rather than ameliorate pathology (Vayda and Perlmutter, 1977). It is proactive and builds new coping resources and adaptation skills. Primary prevention programs typically: 1) are oriented toward a group or mass, rather than an individual; 2) have a before-the-fact quality that implies the population is not maladjusted; and 3) offer programs with the intention of preventing maladaptation or improving psychological health (Forti and Hyg, 1983).

The Use of Primary Prevention in the Mental Health Industry

The 1980s saw an increase in the practice and research of primary prevention in mental health (Branden-Muller and Elias, 1991). The stressors of inadequate mental health financing and poorly coordinated service delivery contributed to an increasing call for primary preventative services (Werner and Tyler, 1993). These services attempted to alleviate the problems with direct service treatment programming which was not extremely effective in reaching many individuals who needed treatment, and, even at its best, was not always successful (Cherniss, 1977).

As with physical health care, preventative mental health can use a minimum of up-front spending to prevent a large financial burden in the future (Albee and Ryan-Finn, 1993).

This is particularly true of stress or situational-based difficulties. Helping individuals establish appropriate coping skills, better their self-image, and become more adaptive to their environments clearly can impact their future wellness and may also lessen their future involvement with the mental health system. Prevention models may be less effective with organically-based mental illness in which future contact with the mental health system may be inevitable.

There is an increasing trend toward using schools and mental health agencies to focus on primary prevention. The Year 2000 Health Objectives put out by the federal Department of Health and Human Services, emphasize the need for prevention that focuses on social skill/competence training and health promotion (Branden-Muller and Elias, 1991). As these goals become increasingly tied to public funding, mental health agencies will be forced to make significant changes in their focus. During this period of transition, consultants will be needed to help schools and agencies implement new programs and to assist the staff navigate the unfamiliar terrain that will accompany these changes.

The Use of Primary Prevention in Consultation

Mental health consultation is an important component of the primary prevention model. Gullotta suggests that consultation is the "primary means by which mental health workers encourage emotional health" (1987, p. 18). The task of spreading prevention to individuals within the treatment system may be overwhelming. Therefore, consultation is used to focus on the community systems and caretakers rather than the individuals (Cherniss, 1977). In this way, consultation efforts can have the potential to impact a larger population than can individual treatment efforts. Because it is not a direct service activity, consultants

have the opportunity to use their knowledge and experience to assist administrators, agency staff, citizen groups, government officials, and others to institute a change in the pattern of service delivery (Gullotta, 1987). Mental health consultation improves the consultee's work functioning, and others are affected by this change. Forti calls this the "spread of effect" phenomenon (Fori and Hyg, 1983).

Targets of Primary Prevention Consultation

Consultants can help implement primary prevention programs at a variety of levels. The first decision is the intended target of the intervention (Brown, Pryzwansky, and Schulte, 1991). Promotion of mental health can be pursued either 1) individually, through improving one's ability to cope with critical high-risk points in one's life (puberty, death of a spouse), or 2) systemically, through improving the quality of one's experiences within certain institutions (schools, family, work) (Vayda and Perlmutter, 1977).

Individuals within the system may be the target. In this instance, consultants may help staff members at an agency or school by providing workshops and interventions on such topics as enhancing coping skills or self efficacy. Typically, this type of individual prevention relates to either developmental crises that are related to life transitions or to situational crises that are generated by factors or incidents external to the individual (Vayda and Perlmutter, 1977).

Staff members themselves may be the focus of the intervention. The consultation would typically focus on the situational crises that accompany change in the organization's structure or purpose. This type of consultation would be most useful as community agencies expand the focus of their work to include prevention activities. Consultants could help

individuals within the organization adapt to their changing roles. Consultants can also provide training to caregivers to assist them in making their behaviors more consistent with mental health principals and responsive to people's needs. Here consultants might help individuals at agencies with stress management or conflict resolution strategies. The staff uses those new skills to enhance their service to clients.

In other interventions, the consultant can be used to train the staff who will in turn pass the information on to their clients. This type of intervention can be in response to either developmental or situational crises. Consultants share information with consultees who can, in turn, share the same information with clients. While it is the individual in this case who is the target of the consultation process, the recipient does not have direct involvement with the consultant.

Finally, the intervention in primary prevention may also involve groups or organizations. A consultant may contract to enhance communication or to improve decision making within the organization or subgroups (departments) of the organization. Consultants can also provide consultation on the mental health-enhancing potential of the institutional policies, practices, and programs (Vayda and Perlmutter, 1977).

Whatever the intended target, primary prevention is used to ward off potential problems in the future. Interventions in agencies are meant to enhance the functioning of a relatively well-functioning organization. During times of transition, particularly with the impending changes in the health care system, primary prevention can be used to help insure the transition will progress as smoothly as possible.

Types of Interventions

The second decision a consultant must make involves the type of intervention (Brown, Pryzwansky, and Schulte, 1991). Consultants can use a direct approach, involving face-to-face contact with the target individual or group. This contact may include training interventions, such as teaching and supervision, or direct activities. An indirect intervention is most frequently used when the information disseminated is intended to be passed on to other clients. This is a more collaborative approach in that consultant and consultee work together to improve the services provided to a third party. Therefore, the intended target will greatly influence the type of intervention used.

Approaches to Primary Prevention Consultation

The most common approach to primary prevention is educational. Education and training of caretakers accounts for 39% of primary prevention consultation activities (Vayda and Perlmutter, 1977). Consultants use lectures or discussions of the topic to address populations not yet at risk. Presentations may be created for school personnel, mental health workers, or parents (Davis, Sandoval, and Wilson, 1988). In this approach, educational approaches are used to extend mental-health-promoting skills to the caretaker network. The goal of this type of consultation is to transmit knowledge which will impact cognitive learning or assist with behavioral or attitudinal changes (Dougherty, 1990). Because of the didactic nature of this type of consultation, there is a proliferation of packaged programs which may be used to provide a ready-made curriculum to the consultant (Vayda and Perlmutter, 1977).

An offshoot of the educational consultation is the program-centered consultation (Gullotta, 1987). The consultant offers his or her expert knowledge to assist others in such

activities as designing curriculums, planning services, and developing protocols for interventions. This assistance may take the form of developing entirely new programs or simply making appropriate alterations to programs already in place.

Another type of primary prevention consultation model is the consultee-centered administrative consultation (Gullotta, 1987). This type of intervention is not focused on education or programming, but instead focuses on the management of the system. The organization is scrutinized for possible problems that may impede the service delivery. Consultants use their knowledge of organizational behavior and systems to identify potential problems. They then involve the agency or school's staff in the formulation of possible solutions to the problem. As such, the consultant begins in the role of expert and then turns to a collaborative approach at problem-solving.

Upon entering the system, consultants must first engage in a needs assessment to determine what interventions are most needed and have the most likelihood of success. In some organizations, a one-time training session for caregivers may be sufficient. Others may require the development of on-going programs or changes in the existing programming to meet changing needs. In order to support these changes, however, the basic structure of the organization must be healthy. Consultants may be asked to diagnose any organization barriers, or potential barriers, to success.

Potential Barriers to Primary Prevention Consultation

Primary prevention interventions are intrusive. As such, they involve issues of power. The definition of psychological wellness is not nearly as universally accepted as the definition of physical wellness (Forti and Hyg, 1983). Consultants who come into a program with their

own agenda of what constitutes psychological wellness and prevention may find themselves meeting with opposition. The consultant and consultee must be able to agree on an appropriate and obtainable definition and goals for primary prevention.

A second barrier involves using the educational approach to consultation. Consultees can feel as if information is imposed without opportunity for staff input. The staff may be resistant to such educational approaches if they are, or feel, isolated from the planning process (Cherniss, 1977).

The mere term "mental health consultation" may also prove to be a barrier (Cherniss, 1977). Although the consultation focuses on prevention, the term "mental health" may conjure up images that are not as positive. Particularly in schools and non-mental health agencies, the staff may never overcome their original premise that they are being psychologically labeled by the consultant.

Finally, consultants engaging in primary prevention mental health consultation may find resistance from those who subscribe to an organic-medical model of mental illness. These individuals typically hold very little hope for prevention efforts (Albee and Ryan-Finn, 1993). Because of their focus on treatment, rather than prevention, they may find prevention models inappropriate.

Conclusion

Primary prevention in mental health has seen an increase in popularity since the 1980s. The mental health goals set by the federal government for the coming years have a greater emphasis on primary prevention. Consultants have an opportunity to assist mental health agencies and schools with this transition process. There are several approaches

available to assist with these changes, including education and training, program changes, and changes in the structure of the delivery system. Consultants can assist with each of these approaches through individual or group interventions.

Substantial barriers exist to effective primary prevention consultation. Nevertheless, successful primary prevention consultation interventions are possible if the consultant takes some extra precautions. Gullotta (1987) suggests that the success or failure of all mental health programs ultimately resides with the consumer. Nevertheless, consultants can increase the chances of successful consultation if they are sensitive to the potential barriers. Consultants can attempt to ease their transition into the organization. Awareness of the negative connotations to mental health interventions that may be present with the staff before they even arrive can also help consultants to be sensitive to these concerns. They can present ideas in a collaborative manner and set goals for primary prevention only with the assistance of the consultees. Consultants should be aware of the possibility of overextending their power and authority by defining primary prevention in a manner different from the consultee. Therefore, the knowledgeable consultant will enter the consultation process aware of the community in which he or she will be asked to work. With an awareness of the potential problems which may arise, consultants can employ some prevention strategies of their own to ensure a more smooth and successful consultation process.

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